



AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

I (we) hereby authorize Viking Underwriters, Inc to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits¹) as follows:

Select One:

- Checking Account
- Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of credit(s) or method of determining amount of credit(s) - Commission Statement

Date(s) and/or frequency of credit(s) - Monthly

I (we) understand that this authorization will remain in full force and effect until I (we) notify Viking Underwriters, Inc. in writing or email at to Viking Underwriters, 16506 Botancia Place, Lutz, FL 33558 or email marshallgordon@vikingunderwriters.com that I (we) wish to revoke this authorization at least 3 ("three") days before the next ACH processing date.

Agency Name _____ (Please Print)

Email Address for Commission Statement _____ (Please Print)

I certify that I am an authorized representative of the Company/Individual indicated above and that I have the authority to authorize this deposit or payment on the Company's/Individual's behalf. Please return to Viking Underwriters, 16506 Botancia Place, Lutz, FL 33558 or email marshallgordon@vikingunderwriters.com as an attachment. **Please include a voided check copy.**

Date _____ Signature(s) _____

¹The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originator will notify receiver of debits or credits to correct errors or reverse transactions.